

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE


REPORT OF RECEIPTS AND DISBURSEMENTS

2010 Non-Judicial Election

Name of Candidate

Bob Evans

Address

P.O. Box 636, Marksville, MS 39654

Telephone

(601) 587-0615

Fax

(601) 587-0623

Contact Name

Bob Evans

Email

BobEvansLaw@gmail.com

Office Sought

Representative - Dist 51

Political Party

Democratic

Check here if above is different from previous report

TYPE OF REPORTMay 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....MandatoryJune 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff CandidatesOctober 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All CandidatesNovember 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political CommitteesTermination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligationsIMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 500.- +\$ - 0 -	\$ 500. ⁰⁰ / ₁₀₀	\$ 500. ⁰⁰ / ₁₀₀
Total amount of disbursements	\$ - 0 - +\$ - 0 -	\$ - 0 -	\$ - 0 -
Total amount of cash on hand		\$ 2,108. ²⁵ / ₁₀₀	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1/31/2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee

Bob EVANS

Reporting period

JAN. 01, 2010 through DEC. 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>		<u>08/17/10</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Ringwood Rd., Suite C</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39216-4920</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

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Name of Candidate or Committee

Bob Evans

Reporting period

JAN. 01, 2010,

through

DEC. 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$